

Biosolids Land Applicator Certification Training and Exam

§ 62.1-44.19:3.1 of Virginia State Water Control Law requires that all biosolids land application activities be conducted under the supervision of a certified land applicator. The 2-day session to certify biosolids land applicators will be offered at 2 locations in central and southwest Virginia during September 2008.

The classes will be held from 9:00 a.m. to 4:45 p.m. on Day 1, followed by a review session on the morning of Day 2. The Exam will be offered both days; from 5:00 p.m. to 7:00 p.m. on Day 1 and from 10:00 a.m. to 12:00 p.m. on Day 2.

Registration is required. Form is below.

Certification Fee: \$100. Do not send payment with registration, you will be billed.

For more information contact Bryan Cauthorn at (804)698-4592 or bacauthorn@deg.virginia.gov

The Course dates and locations are as follows:

September 11 – 12, 2008

Piedmont Regional Office
4949-A Cox Rd
Glen Allen, VA 23060
(804) 527-5020

September 15 – 16, 2008

Southwest Regional Office
355 Deadmore St
Abingdon, VA 24210
(276) 676-4800

Department of Environmental Quality
Office of Land Application Programs
APPLICATION FOR LAND APPLICATION SUPERVISOR CERTIFICATION

By authority of the Virginia Pollution Abatement Permit Regulation (9VAC25-32),
this form must be completed and submitted in order to be considered for certification.

Please print or type this application.

Personal Information:		Date:	
NAME (Last, First, Middle Initial):			
HOME MAILING ADDRESS:		HOME PHONE NO. (Include Area Code):	BUSINESS PHONE NO.:
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Please circle your answer: Are you a certified Virginia Nutrient Management Planner: Y / N Have you ever been convicted of a felony? Y / N If yes, was this felony related in any way to the responsibilities of a certified land applicator? Y / N			

Eligibility Information			
Name of Land Application Company/ Employer:			List all Related Experience/Training and any applicable out-of-state Certifications below:
Address:			
City:	State:	Zip:	
Dates of employment:			
From: _____ (mo. & yr.) To: _____ (mo. & yr.)			
List Education Level achieved:			

INDICATE YOUR FIRST AND SECOND CHOICES FOR THE LISTED TRAINING COURSES	
<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>	Certification Examination: I plan to attend the training course: Y / N Describe Any Special Training Needs Below:
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED ON ALL PAGES, INCLUDING ATTACHMENTS, IS ACCURATE AND COMPLETE. I FULLY UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION MAY RESULT IN DENIAL OR REVOCATION OF CERTIFICATION.	
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 40%; text-align: center;">Applicant Signature</div> <div style="border-top: 1px solid black; width: 40%; text-align: center;">Date</div> </div>	
Mail this completed application to: <div style="text-align: center;"> Department of Environmental Quality Receipts Control P. O. Box 1104 Richmond, VA 23218 </div>	